



STATE OF IOWA

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KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR
THOMAS C. BOUSKA, SERVICE AREA MANAGER

December 19, 2013

Kristi Thomas
306 Worth St.
Council Bluffs, IA 51501

Dear Child Care Provider,

This letter is in regards to the December 19, 2013 compliance check of your Level C1, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The home conditions were unsafe and person watching the children was not an approved substitute. The person present, Jane Lamp, was instructed to tell provider that she could not care for children until DHS could verify the safety of the home the next day. A phone number was left for provider. Provider contacted DHS on the evening of 12/19/2013 and asked for DHS to come to home at 8:00 AM on 12/20/13 and assured DHS compliance that the home would be clean and appropriate.

The following areas were out of compliance at the time of my visit:

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards. *The home conditions were not appropriate. The kitchen was a mess, there was laundry on the floors around the home. There was food on the carpet in the main room, kitchen cupboards were falling off.*

☐ 110.5(1)a Has a non-pay working telephone. A cell phone cannot be the primary phone. *The person watching the children did not have access to a phone.*

☐ 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone. *Person watching the children did not know where to find these.*

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone. *Person watching the children did not know where to find these.*

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child. *These need to be put up on a higher shelf.*

☐ 110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children. *Person present showed DHS some first aid supplies but was not a full kit.*

☐ 110.5(1)d Medicines are given only with written authorization from the doctor or parent.

☐ 110.5(1)d Prescribed medicines are accompanied by doctors' or pharmacist's direction.

☐ 110.5(1)d All medicines are in original containers with directions intact and labeled with child's name.

☐ 110.5(1)d Medicines are stored properly including refrigeration in a separate covered container.

☐ 110.5(1)d Medicines are inaccessible to children.

☐ 110.5(1)f Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters. *The furnace had garbage bags laying right up next to it and other debris.*

☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept.

☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. *Needed in kitchen.*

☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.

☐ 110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov. *Need to put on front door.*

☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites. *Person watching the children did not know where to find these.*

☐ 110.5(1)q All animal waste is immediately removed from the children's areas and properly disposed of.

☐ 110.5(1)q No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.

☐ 110.5(1)q Children shall not perform any feeding or care of pets or cleanup of pet waste.

☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies. *Person watching the children did not know where to find these.*

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies. *Person watching the children did not know where to find these.*

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child's file. *Person watching the children did not know where to find these.*

☐ 110.5(2) A provider file is maintained and contains: *Person watching the children did not know where to find these.*

☐ 110.5(2)a A physician's signed statement of health and immunization status on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years. *Person watching the children did not know where to find these.*

☐ 110.5(2)d An individual file is maintained for each substitute and contains: Jane Lamp: *Person watching the children did not know where to find these.*

☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396.

☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643

☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.

☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

☐ 110.5(7) Meals

☐ 110.5(7)Regular meals, midmorning snacks and mid-afternoon snacks are well balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program. *Person watching the children did not know answer.*

☐ 110.5(8) Children's Files *Person watching the children did not know where to find these.*

☐ 110.5(8) An individual file is maintained for each child and updated annually or when there are changes. Each file contains:

☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.

☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.

☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.

☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.

☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.

☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.

☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.

☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.

☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.

☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.

☐ 110.5(8)j Injury report forms to document injuries requiring first aid or medical care.

☐ 110.5(9) The provider meets the following requirements:

☐ 110.5(9)a Gives careful supervision at all times. *Person present was not a DHS approved substitute. Provider did not ensure person subbing had access to a phone. There was no way for person present to contact 911 in an emergency and no way to know what parents to call, etc.*

☐ 110.5(9)c Gives consistent, dependable care.

☐ 110.5(9)c Is capable of handling emergencies.

☐ 110.5(9)d Is present at all times, except if emergencies occur or an absence is planned.

☐ 110.5(9)d If absence is planned, care is provided by a DHS-approved substitute.

☐ 110.5(9)d If absence is planned, the parents are given at least 24 hours prior notice.

☐ 110.5(10) Substitutes

☐ 110.5(10)a All standards regarding supervision and care of children apply to substitutes.

☐ 110.5(10)b Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.

☐ 110.5(10)c The substitute must be 18 years of age or older.

☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period.

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

☐ 110.10(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME
CATEGORY "C1" *The provider was not over numbers at the time of the visit. This is included as a reminder to provider regarding how many children she can care for.*

☐ 110.10(1) a Not more than 8 children present at any one time, including infants.

☐ 110.10(1)b Of these 8 children, not more than four children under the age of 24 months are present at any one time.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address safety violations before caring for any children. A re-check will be completed to address other possible violations to determine compliance. Provider will receive 45 days to correct other violations.**

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur before provider will care for children.

Please do not hesitate to contact me at DHS at (712) 328 - 5713 if you have any questions regarding this letter.

Sincerely,

Michelle Noddings
Social Worker II
mnoddin@dhs.state.ia.us
417 E. Kaneshville Blvd.

Council Bluffs, IA 51503
(712) 328 - 5713

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-945-9778.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).